

**Ryan White Part A Program
Serving the Middlesex-Somerset-Hunterdon
Transitional Grant Area**

**Service Standards for
Medical Nutrition Therapy**

Ryan White HIV/AIDS Treatment Extension Act of 2009

Approved by Planning Council on September 4, 2018

**Prepared by Service Standards and Integrated Care Plan Committee
Middlesex-Hunterdon-Somerset HIV/AIDS Health Services Planning Council**

Medical Nutrition Therapy

HRSA definition:

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered or licensed dietitian should be considered Psychosocial Support Services under the RWHAP.

Agency Service Standards (Medical Nutrition Therapy)

Table 1. Agency Related Issues			
Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
1.1	Definition of Services	Agency has description of services on file.	100% of agencies define services they provide.
1.2	Licensure and Accreditation	Agency has current licenses on file from appropriate licensing agency.	100% of agencies are licensed and accredited by appropriate state or federal agencies.
1.3	Hours of Operation	Agency has documentation of operating hours on file.	Staff is available to answer incoming calls during agency's normal operating hours. If client calls within operating hours, staff will respond within one business day or the first business day after a weekend or holiday.
1.4	Emergency Services	Agency has written policy on file outlining emergency service procedures related to the service they provide.	100% of agencies have policies in place to handle emergencies/crises that occur outside of normal operating hours.
1.5	Special Service Needs	Agency complies with Americans Disabilities Act (ADA).	100% of agencies have policies to respond to special needs clients.
1.6	Cultural and Linguistic Diversity	Agency has written policy on file including processes for language translation.	100% of agencies have policies in place for responding to cultural and linguistic diversity (including translation services).
1.7	Client Referrals	Agency has written referral policy on file.	100% of agencies have a referral process for care of HIV related problems outside their direct service areas.
1.8	Linkage Agreements	Agency has written policy for establishing linkages and record of linkages on file.	100% of agencies develop and maintain linkages with primary health care, supportive services, and other service providers.
1.9	Provider Communication	Agency has written policies on file that allow for communication between different programs. Documentation of consent is required.	100% of providers document communication regarding patient care (HRSA funded services and others).
1.10	Provider Collaboration	Provider agencies are part of a care and treatment network and are required to collaborate on behalf of the client.	100% of provider agencies show proof of provider collaboration across Ryan White and other provider networks during the duration a client is receiving the service.

Table 1. Agency Related Issues			
Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
1.11	Policies and Procedures	Agency has written staff policies on file.	100% of agencies have written policies for staff which include (but are not limited to): <ul style="list-style-type: none"> • Agency policy and procedures • Ryan White Treatment Extension Act of 2009 • Standards of professional behavior • Compliance with the Health Insurance Portability and Accountability Act [PL 104-191] • Client confidentiality • Release of information • Communication about agency issues • Health and safety procedures including universal precautions • Complaint and grievance procedures
1.12	Grievance Policy	Agency has grievance policy on file and available to clients.	Agency has grievance policy on file and available to clients.
1.13	Staff Evaluation	Agencies have procedures in place to evaluate staff.	100% of agencies have evaluation procedures on file. 100% of agency staff have a working knowledge of evaluation procedures. 100% of agency staff receive an annual performance evaluation.
1.14	Quality Management	Agencies have procedures in place to evaluate the quality and effectiveness of medical nutrition therapy on an ongoing basis.	100% of agencies have written procedures on file to evaluate medical nutrition therapy services. Agency participates fully in TGA Quality Management activities including data and chart review processes.
1.15	CAREWare Data Collection	Monthly reports are sent to grantee and are available on request. CAREWare is used to ensure data is collected in a uniform manner.	100% of agencies regularly update client information, needs assessment, client progress and care and client referrals and other services provided. 100% of agencies regularly share monthly reports with grantee.
1.16	Planning Council Attendance	Agency representatives must attend monthly Planning Council meeting.	Agency must attend 75% of monthly Planning Council meetings.

Staff Service Standards (Medical Nutrition Therapy)

Table 2. Staff Related Issues			
Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
2.1	Staff Hiring	All staff have necessary skills and experience determined by: <ul style="list-style-type: none"> • Written application • Resume • References • Personal interview 	100% of staff have application, resume, and communication with personal references documented in personnel files.
2.2 (a)	Staff Qualifications	Participating dietitians and other licensed nutrition professionals possess appropriate licenses, registration, credentials and expertise as required by the State of New Jersey.	100% of dietitians and other licensed nutrition professionals have current degrees, licensing, registration, certificates and resumes on file.
2.2 (b)	Staff Qualifications Peer Navigator	A member of the peer community living with HIV/AIDS with a high school diploma or GED, plus two years of social service experience. Peer must demonstrate understanding of HIV services and healthcare service navigation.	100% of staff possess a diploma/GED with the required experience documented in personnel file.
2.3	Staff Job Descriptions	All staff have a written job description.	100% of staff have job description documented in personnel file.
2.4	Staff Continuing Education	All participating dietitians and other licensed nutrition professionals must have HIV-specific continuing education on a yearly basis.	100% of personnel files document training.
2.5	Policies and Procedures	Signed form is documented in personnel file.	100% of staff agree to follow agency policies and procedures (See 1.10).
2.6 (a)	Staff Supervision	All supervisors are knowledgeable about RW HIV procedures including fiscal and program.	100% of supervisors are knowledgeable about RW program. Supervision is documented in personnel file.
2.6 (b)	Staff Supervision Peer Navigator	All peer navigators receive (at minimum) one hour supervision per week to include patient case conference, peer navigator job performance, and skill development.	Supervision is documented in personnel file.
2.7	Staff Evaluation	Staff evaluations are documented in personnel files.	100% of staff are evaluated on their performance annually.
2.8	Oral Health Charting	All staff keep written documents of contact with clients and client progress in accordance with RW data collection procedures.	100% of all contacts and client progress are documented in client files.

Client Service Standards (Medical Nutrition Therapy)

Table 3. Client Related Issues			
Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
3.1	RW eligibility assessment	<p>Patient eligibility for RW Part A services is determined.</p> <p>In order to be eligible for services, individuals must meet the following:</p> <ul style="list-style-type: none"> • HIV+ • Residing or receiving services in the Middlesex, Somerset, Hunterdon TGA • Income at or below 500 Federal Poverty Level 	<p>100% of clients have documentation at intake of HIV positive status, residence or receipt of services in MSH-TGA, and proof of income.</p> <p>90% of clients who continue services for longer than 6 months after initial visit are reassessed for RW eligibility every 6 months. Proof of income is required once every 12 months.</p>
3.2	Service eligibility	A physician's recommendation is documented prior to initiation of service.	100% of clients have documentation of a signed and dated recommendation from their physician in their file.
3.3	Initial nutrition assessment	An initial nutrition assessment must be completed prior to the initiation of the nutritional plan.	80% of clients have documentation of nutritional assessment in their file.
3.4	Initial nutritional plan	<p>Within 30 days of the initial assessment, a nutritional plan is developed for each eligible patient and signed by the dietitian rendering the services.</p> <p>The plan should address:</p> <ul style="list-style-type: none"> a) recommended services and course of medical nutrition therapy to be provided, including types and amounts of nutritional supplements and food; b) date service to be initiated; c) planned number and frequency of sessions; and d) education regarding nutritionally appropriate and safe food. 	<p>80% of clients' files have a completed nutritional plan which is signed and dated by both the client and the dietitian.</p> <p>80% of clients have documentation of the recommended services, including types and amounts of nutritional supplements and food, in their file.</p> <p>80% of clients have documentation of the date services start in their file.</p> <p>80% of clients have documentation of the planned number and frequency of MNT sessions in their file.</p> <p>80% of clients have documentation of education regarding nutritionally appropriate and safe food in their file.</p>

Table 3. Client Related Issues			
Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
3.5	Updating nutritional plan	Nutritional plan is updated at least every 6 months.	<p>80% of clients have documentation of their nutritional plan being reviewed and updated, as appropriate, in their file.</p> <p>80% of updated nutritional plans are signed and dated by clients and kept in their file.</p>
3.6	Coordination of Care	As appropriate, recommend medical evaluation by the medical provider to address nutrition-specific issues, i.e. loss of muscle, loss of appetite.	80% of clients for whom medical evaluation is indicated have documentation of recommendation and referral for medical evaluation in their file.